

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 23-MAR-2014		TIME 22:11:00		2. ADDRESS OF OCCURRENCE 2011 N KEYSTONE AVE CHICAGO, IL 60639			3. LOCATION CODE 303		4. BEAT/OCCUR 2525																																																																																																																									
	5. POSITION 9161		6. LAST NAME SPRENG		7. FIRST NAME BRIAN J		8. STAR NO. 5688		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI																																																																																																																								
SUBJECT INFORMATION	14. DATE OF APPT. 28-APR-2003		15. EMPLOYEE NO [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 025 2522		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																								
	20. LAST NAME BLANCAS		21. FIRST NAME EDGAR		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 20-APR-1991																																																																																																																								
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS 105 S WEST ST MAGNOLIA, IL 61336				29. TELEPHONE NO. [REDACTED]				30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34. BY WHOM? [REDACTED]				35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																																																								
SUBJECT'S ACTIONS	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																																																																																																																																		
	37. CB NO. 18860153 IR NO [REDACTED] DNA <input type="checkbox"/>																																																																																																																																		
WEAPON DISCHARGE INCIDENT	38. DNA <input type="checkbox"/>																																																																																																																																		
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1001 1076618

Attachment 1 13

SUBJECT
INFORMATION

36 CHARGES PLACED

☐ DNA

625 ILCS 5.0/11-204-A, 625 ILCS 5.0/4-103.2-A-1, 9-24-010(B), 9-20-010(B), 625
ILCS 5.0/6-303-A, 725 ILCS 5.0/110-3, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A,
625 ILCS 5.0/11-204.1-A-4, 625 ILCS 5.0/4-103-A-1

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Arrestee gone upon approval of TRR

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The officer's actions were appropriate for dealing with an Active Resister.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

SCHWIEGER, SCOTT M

SIGNATURE

DATE COMPLETED

TIME

26-MAR-2014 10:22:30

79. TOTAL TRR's THIS EVENT No.

3

LOG # 1076618

Attachment 13